NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.

Il Client Information

Name: Insurance Association, Inc. (NY)

Completely fill in one circle.

Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS

before submitting or form will be returned.

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HAND DELIVERED
RECEIVED JUL 162013 Amended to linclude SOF

	Washington Avenue		and the second s	
City: Albany	S	tate:NY	ZIP code:12210	
Business Phone: (518) 432-4227		ax Number: (518) 432-4	1220	
Third Party Beneficiary (see instruc	tions):			
III Lobbyist(s) Informatio	n & Compensation (C	urrent Period Or	ly)	
Any individual or organization that h threshold was exceeded by that ind	ividual or organization.	nt must be reported be	ow, regardless of whether the	9
A Type of Lobbyist: O Retaine	ed O Employed	O Designated		
Level of Gov't: O State Lo	obbying O Local Lobbyi	ng O Both		The principal of the same
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* FILED ONLINE* IV Other Expenses (Current Semi-Annual Period Only) Report in the aggregate all expenses less than or equal to \$75: \$.00 Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00 C Itemize each expense exceeding \$75: PAID TO: DATE: OAd O Social Event PURPOSE: AMOUNT: \$.00 *Addendum attached O PROCUREMENT O NONPROCUREMENT PAID TO: DATE: O Ad O Social Event PURPOSE: AMOUNT: \$.00 O *Addendum attached O PROCUREMENT O NONPROCUREMENT Continued on attached pages If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual. D Total expenses for current period: \$ (if applicable, include all expenses from attached pages in total) V Source of Funding Disclosure In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the Instructions: event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B. Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions. Contribution(s) from Single Source #1 Single Source Entity's Name: Allstate Insurance Company Single Source Person's Last Name: First Name: Address: 1 Allstate Drive, PO Box 9090 City: Farmingville State: NY ZIP code:11738 Phone: (631) 451-5424 Date Contribution Received: /01 / 2013 Amount of Contribution: \$ 2027 .00 Date Contribution Received: /01 / 2013 Amount of Contribution: \$ 2027 .00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contribution(s) Single Source #2 Single Source Entity's Name: American International Group, Inc. Single Source Person's Last Name: First Name: Address: 80 Pine Street, 13th Floor City: New York State: NY ZIP code: 10005 Phone: (212) 770-5235 Date Contribution Received: / 01 Amount of Contribution: \$ / 2013 2027.00 Date Contribution Received: / 01 Amount of Contribution: \$ 2013 2027 .00 Date Contribution Received: Amount of Contribution: \$.00 Date Contribution Received: Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

Amount of Contribution: \$

Date Contribution Received:

.00

V Source of Funding I	Disc	osure	•		
A Below, list all Co received.	ntribu	ions rec	elved from th	e Single Source. Include the date and t	ne amount of the Contribut
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Single Source Person's Last No				First Name:	The second secon
Address: One Metro Tech Plaza, 7	th Flo	or			**************************************
City: Brooklyn				State: NY	ZIP code:11201
Phone: (212 857-8240		mm=			
Date Contribution Received:	01	/01	/2013	Amount of Contribution: \$	846.00
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Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Contributions from Single Sour	ce#	4			
Single Source Entity's Name: C	ountr	/-Wide I	nsurance Com	pany	
or Single Source Person's Last No	ıme:			First Name:	
Address: 40 Wall Street, 14th Floo				riisi ridirie.	
City: New York				State: NY	7IP codo:1000F
Phone: (212) 809-7600				sidie. W	ZIP code:10005
Date Contribution Received:	01	/ 01	/ 2013	Amount of Contribution: \$	884.00
Date Contribution Received:	04		/ 2013	Amount of Contribution: \$	884.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Contributions from Single Source				oner commonons.	
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ingle Source Person's Last Na	me:			First Name:	
ddress: 12 Ellis Drive, PO Box 635					A Report of the Control of the Contr
City: Dryden				State: NY	ZIP code:13053-063
hone: (716) 632-5433					
ate Contribution Received:	01	/01	/ 2013	Amount of Contribution: \$	337.00
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Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # 3 Single Source Entity's Name: Farmer's Group Inc. Or Single Source Person's Last Name: First Name: Address: POBox 2478 City: Les Angeles State: CA ZIP code: 90051- Phone: (323) 932-3200 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ //41.00 Date Contribution Received: / / Amount of Contribution: \$ //41.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00 Date Contribution Received: / / Amount of Contribution: \$.00	V Source of Funding Disclosure	有关的复数形式 化双环烷基苯酚	
Single Source Person's Last Name: Address: 8800 Shendan Drive, PO Box 7062 City: Williams Mile Phone: (716) 632-5433 Date Contribution Received: 0/10/20/3 Amount of Contribution: \$ 398.00 Date Contribution Received: 0/10/20/3 Amount of Contribution: \$ 398.00 Date Contribution Received: 0/10/20/3 Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: Date of Contribution: \$ 398.00 Date Contribution Received: Date of Contribution: \$ 398.00 Date Contribution Received: Date of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$ 300 Date Contribution Received: // Amount of Contribution: \$ 300 Date Contribution Received: Date of Contribution Received: Date of Contribution Received: Date Of Contribution Received: Date Of Date Contribution: Sandard Received: Date Of Date Contribution: Sand		e Single Source. Include the date and the	amount of the Contribution
Single Source Person's Last Name: Address: 8800 Shendan Drive, PO Box 9062 City: Williams Ville Phone: (716) 632-5433 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 388.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 388.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Contribution Received: / Amount of Contribution: \$.00 Contribution Received: / Amount of Contribution: \$.00 Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: Address: 100 Ene Insurance Pace City: Ene Phone: (817) 810-2244 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.1312.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Date Contribution Received: 1/ Amount of Contribution: \$.00 Date Contribution Received: 1/ Amount of Contribution: \$.00 Contribution Form Single Source # 2 Single Source Person's Last Name: Address: POBox 2478 City: Les Angeles State: CA Zip code: 90051- 2478 City: Les Angeles State: CA Zip code: 90051- 2478 City: Les Angeles State: CA Zip code: 90051- 2478 Code Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Contribution Received: 01/01/2013 Amount of Contributio	Contributions from Single Source #3		
Single Source Person's Last Name: Address: 8800 Shendan Drive, PO Box 9062 City: Williams Ville Phone: (716) 632-5433 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 388.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 388.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Contribution Received: / Amount of Contribution: \$.00 Contribution Received: / Amount of Contribution: \$.00 Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: Address: 100 Ene Insurance Pace City: Ene Phone: (817) 810-2244 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.1312.00 Date Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Date Contribution Received: 1/ Amount of Contribution: \$.00 Date Contribution Received: 1/ Amount of Contribution: \$.00 Contribution Form Single Source # 2 Single Source Person's Last Name: Address: POBox 2478 City: Les Angeles State: CA Zip code: 90051- 2478 City: Les Angeles State: CA Zip code: 90051- 2478 City: Les Angeles State: CA Zip code: 90051- 2478 Code Contribution Received: 01/01/2013 Amount of Contribution: \$.00 Contribution Received: 01/01/2013 Amount of Contributio	Single Source Entity's Name: Frie and	Niagnia Theurance	Association
Address: 8800 Shendan Drive, PO Box 9062 City: WILLIAMS VILLE Phone: (716) 632-543 Date Contribution Received: 0/ 0/ 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: 0/ 0/ 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contribution: \$.00 Contribution Received: // Amount of Contribution: \$.00 Contributions from Single Source # 7 Single Source Person's Last Name: First Name: City: Ene From Surance Face City: From Suranc	Or	First Name	· backatter)
Phone: (116) 632-5433 Date Contribution Received: 01 01 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: 04 01 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 7 Single Source Person's Last Name: First Name: First Name: Address: 100 Ene Insurance Pace City: Ene State: PA ZIP code: 16532 Phone: (877) 870-2224 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: 04/01/2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # S Single Source Person's Last Name: First Name: First Name: Address: PORX 2478 City: FORX 2478 City: FORX 2478 City: FOR ATTIGLES State: (A ZIP code: 90051-2478 City:	Address: 8800 Shendan Daile	PA Box 9062	
Phone: (116) 632-5433 Date Contribution Received: 01 01 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: 04 01 2013 Amount of Contribution: \$ 398.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # 7 Single Source Person's Last Name: First Name: First Name: Address: 100 Ene Insurance Pace City: Ene State: PA ZIP code: 16532 Phone: (877) 870-2224 Date Contribution Received: 01/01/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: 04/01/2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: 0 Contributions from Single Source # S Single Source Person's Last Name: First Name: First Name: Address: PORX 2478 City: FORX 2478 City: FORX 2478 City: FOR ATTIGLES State: (A ZIP code: 90051-2478 City:	City: Milliams ville	State: AV	71P code: 14724
Date Contribution Received: O/ O/ 2013 Amount of Contribution: \$ 39 \$.00 Date Contribution Received: OH/ O/ 2013 Amount of Contribution: \$ 39 \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: .00 Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: First Name: State: PA ZIP code: /6532 Date Contribution Received: O/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: O/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contribution: \$.00 Contributions from Single Source # State: PA ZIP code: 9051- Single Source Person's Last Name: First Name: Address: PORX 2478 City: FORX 2478 City: FORX 2478 City: FOR ATTICLES State: CA ZIP code: 9051- Phone: (323) 93-3200 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Contributions from Single Source # State: CA ZIP code: 9051- Phone: (323) 93-3200 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00 Date Contribution Received: OH/ OI / 2013 Amount of Contribution: \$.00		7.57	211 0000.1720
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Date Contribution Received: / / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: First Name: Address: /OO Ene Insurance Place City: Ene State: PA ZIP code: /6530 Phone: (817) 870 - 2224 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # S Single Source Person's Last Name: Farmer's Group Inc. Or Single Source Person's Last Name: First Name: First Name: Address: POBOX 2478 City: Les Angeles S Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: OI/ 01 / 2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00		The state of the s	
Check here if using section V(C) of the Addendum for additional Contributions: Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: Address: IOO Ene Insurance Place City: Ene Phone: (877) 870 - 2224 Date Contribution Received: CI/OL/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: CI/OL/2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # 8 Single Source Person's Last Name: First Name: Address: POBOX 2478 City: Les Angeles State: CA ZIP code: 90051- 2478 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.141.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.141.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.141.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.141.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.00 Date Contribution Received: O 1 / O 1 / 2013 Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00	Date Contribution Received: / /	Amount of Contribution: \$.00
Contributions from Single Source # 7 Single Source Entity's Name: Ene Insurance Group Single Source Person's Last Name: Address: IDQ Ene Insurance Place City: Ene State: PA ZIP code: 16530 Phone: (817) 870-7224 Date Contribution Received: OI/DI/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: / Amount of Contribution: \$ 1312.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00 Contributions from Single Source # S Single Source Entity's Name: Farmar's Group Inc. Or Single Source Person's Last Name: First Name: Address: POROX 2478 City: Les Angells State: CA ZIP code: 90051- Phone: (323) 932-3200 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$ //41.00 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$ //41.00 Date Contribution Received: / Amount of Contribution: \$ //41.00 Date Contribution Received: / Amount of Contribution: \$ //41.00 Date Contribution Received: / Amount of Contribution: \$.00 Date Contribution Received: / Amount of Contribution: \$.00	Date Contribution Received: / /	Amount of Contribution: \$.00
Single Source Entity's Name: Ene Insurance Group or Single Source Person's Last Name: Address: IOO Ene Insurance Place City: Ene State: PA ZIP code: 16530 Phone: (817) 870-72244 Date Contribution Received: OI/DI/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # S Single Source Person's Last Name: First Name: Address: POROX 2478 City: Les Angells Phone: (323) 932-3200 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$.141.00 Date Contribution Received: // Amount of Contribution: \$.141.00 Date Contribution Received: // Amount of Contribution: \$.141.00 Date Contribution Received: // Amount of Contribution: \$.141.00 Date Contribution Received: // Amount of Contribution: \$.141.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00	Check here if using section V(C) of the Addendum for addit	tional Contributions:	0
Single Source Person's Last Name: Address: 100 Ene Insurance Place City: Ene Phone: (817) 870-2224 Date Contribution Received: O/OL/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: O/OL/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # S Single Source Entity's Name: Farmer's Group Inc. or Single Source Person's Last Name: Address: PORox 2478 City: Les Angeles Phone: (323) 932-3200 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$.00 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00	Contributions from Single Source #	100	
Single Source Person's Last Name: Address: 100 Ene Insurance Place City: Ene Phone: (817) 870-2224 Date Contribution Received: O/OL/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: O/OL/2013 Amount of Contribution: \$ 1312.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Check here if using section V(C) of the Addendum for additional Contributions: O Contributions from Single Source # S Single Source Entity's Name: Farmer's Group Inc. or Single Source Person's Last Name: Address: PORox 2478 City: Les Angeles Phone: (323) 932-3200 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$.00 Date Contribution Received: OI/OI/2013 Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00 Date Contribution Received: // Amount of Contribution: \$.00	Single Source Entity's Name: Ene Insura	ence Group	
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Address: 200 Madison	Areni	10	, and the state of				
City: New York	7 01 .0		State: N	#11 Post 11 20 Post 12	ZIP cod	e: 100	51/
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or Single Source Person's Last Name:			First Name:	7			
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Single Source Entity's Name: Interboro I	nsurance Co	The state of the s
or Single Source Person's Last Name:	First Name:	en januar pada dan seri teranggan kenangan seri dan kanangan pada seri dan dan panangan kanan
Address: 155 Mineola Blvd.	riisi radiile.	
City: Mineola	State: NY	ZIP code: [156]
Phone: (516) 248 - 1100	707	211 0000. [130]
Date Contribution Received: 01/01/2013	Amount of Contribution: \$	385 .00
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Single Source Entity's Name: Kingstone In	Surance Compani	1
or Single Source Person's Last Name:	First Name:	The state of the tips of the basis of the state of the st
Address: 15 Joys Lane	That Nume.	The second secon
city: Kingston	State: NY	ZIP code: 12401
Phone: (845) 331- 3288	2	ZII COGE.
Date Contribution Received: 61/01/2013	Amount of Contribution: \$	316 .00
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Contributions from Single Source #_1+		
Single Source Entity's Name: Magna Carta or	Companies	
Single Source Person's Last Name:	First Name:	
Address: One Park Archue		
City: New York Phone: (212) 591-9500	State: NY	ZIP code: (00/6
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Single Source Entity's Name: MAPFRE In	Surance Commany	OF NY
or Single Source Person's Last Name:	First Name:	
Address: 211 Main Street		
City: Webster	State: MA	ZIP code: 01570
Phone: (508) 943-9000		012/10
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or Single Source Person's Last Name:	First Name:	
Address: 250 Main Street	riisi name.	
City: Buffalo	State: NY	ZIP code: 14702
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Single Source Entity's Name: Meraury acor	Sualty Grove	The second secon
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Single Source Person's Last Name:	First Name:	The second section of the second section (see)
Address: PO Box 54600	0.1	
City: LOS Angeles Phone: (323) 937 1060	State: CA	ZIP code: 90054
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Single Source Entity's Name: Medical or Single Source Person's Last Name:	Muhial	
or Single Source Person's Last Name	Hability" Insurance	Company
Address: Q R L C Roams	First Name:	1)
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ingle Source Entity's Name: Nahon V	vide Theman	The second of the second secon
ingle Source Person's Last Name:		The state of the s
ddress: 1000 Nationwide	First Name:	THE SHEET WAS A STREET WAS A ST
ity: Harrisburg	~	
hone: (717) 657-649	State: 141	ZIP code: 1711C
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y: New Berlin 7	State: NY	7ID 1 2 13 1 1 1
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or Single Source Person's Last Name:	First Name:	w.
Address: 300 North Commons	Plyd	the specimens of the second of the second of the second of
City: May Reld Village	State: OH	71P codo: Ush as
Phone: (440) 395- 5/67	$\mathcal{O}_{\mathcal{H}}$	ZIP code: 4414
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Contributions from Single Source # 27		
Single Source Entity's Name: State Farm	Mutual Automobili	Insumnce Co
or Single Source Person's Last Name:	First Name:	Janour G.
	200, Chronato Laur	- Fast
Address: 6 Hillman Drive, Suite City: Chadds Ford	State: PA	ZIP code: 19317
Phone: (610) 361-4150		ZII COUE.
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Contributions from Single Source #_73		18 W.
Single Source Entity's Name: Sterling Ins	Surance Commany	THE A PARTICULAR CONTROL OF THE PARTY OF THE
Single Source Person's Last Name:	, ,	
Address: 182 Barner ville Road	First Name:	and the control of the control of the first state of the control o
City: Coplestil.	, TO Box 7	to consider the property of the contract of th
Phone: (5/8) 234-2521	State: NY	ZIP code: 12043
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Contributions from Single Source #3 24		
Single Source Entity's Name: Tower Group,	The	
or Single Source Person's Last Name:		
Address: 120 Broadway, 31ST f	First Name:	The state of the s
City: New York		
Phone: (212) 655-2000	State: NY	ZIP code: 10271
Date Contribution Received: 01 / 01 / 2013	3 Amount of Contribution: \$	2007.00
Date Contribution Received: 04/01/2013	The state of the s	2027.00 2027.00
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Contributions from Single Source # 25		<u> </u>
Single Source Entity's Name: Utica First.	Insurance Co	
or Single Source Person's Last Name:		Name to a second control of the second contr
Address: PO Box 851	First Name:	
city: Utica	CITI ALV	12545
Phone: $(315)736-8211$	State: NY	ZIP code: (3503
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Contributions from Single Source # 26		
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ddress: PO Box 530	0/17	
none: (315) 734-7295	State: /V /	ZIP code: 13503
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B Single Source information for a Cor	tribution(s	s) from n	nultiple, Related, or Affiliated En	ities.	
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* FILED ON LINEX	
VI Subjects lobbied:	VII Person, State Agency, Municipality or Legislative Body lobbied:
O Continued on attached pages	O Continued on attached pages
VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:	VIII Title and Identifying Numbers of procurement contracts/documents lobbied:
O Continue I	
O Continued on attached pages	O Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
	*
O Continued on attached pages	O Continued on attached pages
XI Declaration	
his Declaration must be signed by the Chief Administrative eason, does not sign, he/she must duly designate another declare under penalty of perjury that the information correct, and complete to the best of my knowled	setion contained limit decidration.) (See instructions.)
V significant File Welling Process of the knowledge	ge and belief.
DDINT NAME TOO I dolo'	DATE: 7-9-13
TITLE: Prosident	FIRST Elen

The following MUST be attached to this report at the time of submission:

--You must attach a \$50 dollar filing fee to each semi-annual report. (No fee is required for amendments to the original) --If applicable, a designation letter if you have marked designee in section XI.

O Designee(Attach Letter)

--If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

Chief Administrative Officer

Mark One:

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.